<u>CITY OF MADISON</u>
Department of Planning, Engineering and Building Planning Division

## HOME OCCUPATION PERMIT APPLICATION

772-3044 01 404-8427	
If there are any questions concerning this application please conta 772-5644 or 464-8427	act our office at the following:
Signature of Applicant:	Date:
I represent that the above statements are true and correct to the best of my belief, and agree to notify the City of Madison if any of the above represented circumstances change. I further agree to permit the City of Madison to conduct periodic inspections of the premises during normal business hours to ensure the accuracy of these representations. I agree to abide by the terms of the City's Home Occupation Ordinance. Article xiv of the Zoning Code, and acknowledge receipt of a copy of this Ordinance. I understand that violation of this Ordinance will result in non-renewal of my Home Occupation Permit and City Business License and may result in other penalties.	
If yes, describe:  Will you accept deliveries from commercial suppliers at home?  Will this business generate, use, store, or dispose of any hazardou Yes No	
Will you hold any parties to sell merchandise, or conduct any yard Does the home occupation require any special equipment that yo	
Will your customers visit you at your home?	
Do all these individuals live on the premises?	
How many rooms will be used for the home occupation?Name of all employees / partners/ others involved in the home occupation?	cupation:
Do you own or rent the property where the home occupation will Nature of home occupation:	
Address of location where home occupation will be performed: _	
Telephone: Address of Applicant:	
Name of Applicant:	